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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/981,634 10/16/2001 PAT 6,620,202

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 09/23/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GA	SHEETS DRAWING 13	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 5
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials *BS*

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TITLE  
 Medical stent with variable coil and related methods

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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